

Today's  
Date

# Insurance Rate Disparity Complaint

The Office of Financial and Insurance Services (OFIS) is responsible for enforcing the Michigan Insurance Code. OFIS also monitors insurance markets and products to determine that insurance customers have access to quality insurance products at a price that is fair. This complaint is an opportunity for consumers to communicate real-life experience regarding insurance issues that are of concern, and may or may not be a violation of Michigan law. The information you give will be used to identify potential trends, areas of concern, and consumer expectations. The results will help create better insurance laws, public policy, and regulatory techniques. Thank you for participating.

1. Type of insurance your complaint is about: ☐ Auto ☐ Home

2. If you are insured with the same company as you were last year, did your insurance rate increase this year?

☐ Yes ☐ No ☐ I was insured with a different company ☐ I did not need insurance last year

3. If your insurance rate did increase, what was the amount of your increase?

Previous year rate \_\_\_\_\_ Current year rate \_\_\_\_\_

4. Did your insurance company explain why your rate increased? ☐ Yes ☐ No *If yes, what reason did they provide you?*

5. During the past year, did any of the following occur?

**Auto insurance:**

- ☐ Your driving record changed adversely (example: were you involved in an at-fault accident or you were guilty of a moving violation)
- ☐ You changed your coverage (example: changing from no collision coverage to broad form collision coverage)
- ☐ You added another vehicle to your policy, or changed vehicles

☐ You added a young or high-risk driver(s) to your policy

**Homeowners insurance**

- ☐ Was there an increase in the value of your home from the previous year as reflected on your tax assessment
- ☐ Was additional square footage added to your home or other major improvements

6. Have you filed any claims with your insurance company in the last 3 years? ☐ Yes ☐ No

*If yes, please use the back of this form to describe each claim including the amount your insurance company paid.*

7. Has your insurance coverage been cancelled by an insurance company within the last 5 years? ☐ Yes ☐ No

*If so, name of company, year of cancellation and what reason for the cancellation did the insurance company provide you?*

8. Have you ever gone without home or auto insurance because you couldn't afford it? ☐ Yes ☐ No

9. Do you feel you have enough information about your insurance options? ☐ Yes ☐ No

**Would you share your comments about insurance issues in Michigan? Please use the back of this form. Attach additional sheet if necessary**

Return completed form by mailing to:  
Office of Financial and Insurance Services  
PO Box 30220  
Lansing MI 48909-7720

**Or fax this report to 1-517-335-4978**

Your name		
Address		
City	State	Zip code
Your telephone number with area code		

Visit OFIS on the Web at:  
[www.michigan.gov/ofis](http://www.michigan.gov/ofis)

 **Michigan Department of Consumer & Industry Services**  
*"Serving Michigan...Serving You"*

Phone OFIS toll-free at:  
1-877-999-6442

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